

COM SPECIFICATION FORM

COMPANY NAME:	YOUR PO#:
CONTACT NAME:	
CONTACT PHONE NUMBER:	
KDC STYLE NAME:	
FABRIC SOURCE:#YDS SI	ENT
FABRIC NAME AND NUMBER:	
DESCRIPTION:	
Please do not assume that the fabric application is obvious. At placing it so that the TOP and the FACE side are as you would I provided to supply detailed upholstery instructions. If you do attached sample, The Kristin Drohan Collection will not be held responsible for a COM piece deemed unsatisfactory by the customer.	ike it to be applied to the piece. Use the space
While we do inspect fabrics for obvious mill imperfections, we cannot be responsible for defects, color or dye lot variations or other flaws in the fabric. The Kristin Drohan Collection assumes no responsibility for a fabric's overall appearance, flammability durability, or color fastness. We reserve the right to back any COM fabric at the customers' expense, if we deem it necessary for proper application.	
SPECIAL INSTRUCTIONS:	
SEND YOUR FABRIC AND COM SPECIFICATION FORM TO:	ATTACH FABRIC SAMPLE HERE
KRISTIN DROHAN COLLECTION	TOP OF PATTERN
914 9 th ST DR NE	
HICKORY, NC 28601	
QUESTIONS? CALL 770 837 2076 IMPORTANT! PLEASE SIDEMARK ALL FABRIC WITH YOUR COMPANY NAME AND KDC ORDER NUMBER.	
	FACE SIDE OUT